

ND5000007934

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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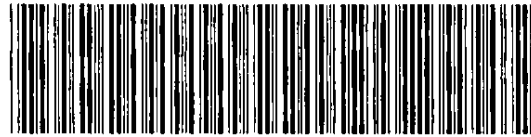
(Business Entity Name)

(Document Number)

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JUN 23 2017
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: VENTURE AT AVENTURA MASTER ASSOCIATION, INC.
Name of Corporation

DOCUMENT NUMBER: N05000007934

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MIGUEL A. DIAZ

Name of Contact Person

VENTURE AT AVENTURA MASTER ASSOCIATION, INC.

Firm/Company

18800 NE 29TH AVE #1200

Address

AVENTURA, FL 33180

City/State and Zip Code

manager@ventureataventura.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MIGUEL A. DIAZ

Name of Contact Person

at (**786**) **787-0192**

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this
statement of change is submitted for a corporation organized under the laws of the State of FLORIDA
in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: VENTURE AT AVENTURA MASTER ASSOCIATION, INC.

2. The principal office address: 18800 NE 29TH AVE #1200
AVENTURA, FL 33180

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 08/03/2005 Document number: N05000007934

5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State: (If resigned, enter resigned)

PEYTON BOLIN, PL

3343 W COMMERCIAL BLVD STE 100

FT LAUDERDALE, FL 33309

6. The name and street address of the new registered agent (if changed) and/or registered office
(if changed):

Robert H. Yaffe, Esq.

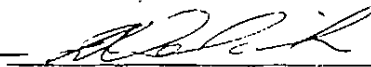
11900 Biscayne Boulevard, Suite 806

P.O. Box NOT acceptable

Miami, FL 33181

The street address of its registered office and the street address of the business office of its registered agent,
as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so
authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

IRENA OMELANIUK, PRESIDENT VAE
Printed or typed name and title BOARD

*I hereby accept the appointment as registered agent and agree to act in this capacity,
I further agree to comply with the provisions of all statutes relative to the proper and complete
performance of my duties, and I am familiar with and accept the obligation of my position as registered
agent. Or, if this document is being filed merely to reflect a change in the registered office address, I
hereby confirm that the corporation has been notified in writing of this change.*

Robert H. Yaffe

Signature of Registered Agent

June 5, 2017

Date

If signing on behalf of an entity:

Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)